

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

19587 U.S. PTO
10/645818
08/20/03

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 300622009900
		First Inventor Bryan JULIEN
		Title TRANSFORMATION SYSTEM BASED ON THE INTEGRASE GENE AND ATTACHMENT SITE FOR MYXOCOCCUS XANTHUS BACTERIOPHAGE MX9
		Express Mail Label No. EV 332780589 US

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		MS Patent Application ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
--	--	---

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) + duplicate for fee processing (2 pages) <i>(Submit an original, and a duplicate for fee processing)</i>	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)	
2. <input checked="" type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i>	8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>	
3. <input checked="" type="checkbox"/> Specification [Total Pages 25] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed Sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure 	a. <input type="checkbox"/> Computer Readable Form (CRF)	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 12]	b. Specification Sequence Listing on:	
5. Oath or Declaration [Total Sheets]	i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input checked="" type="checkbox"/> Paper	
a. <input type="checkbox"/> Newly executed (original or copy)	c. <input type="checkbox"/> Statements verifying identity of above copies	
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i>		
i. <input type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i>		
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 (2 pages)		

ACCOMPANYING APPLICATIONS PARTS		
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)	<input type="checkbox"/> Power of Attorney
11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations
13. <input type="checkbox"/> Preliminary Amendment	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).	
17. <input type="checkbox"/> Other: _____		

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:			
<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application No.: _____

Prior application information: Examiner _____ Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number:	25226		OR <input type="checkbox"/> Correspondence address below
Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	
Name (Print/Type)	Randolph Ted Apple		Registration No. (Attorney/Agent) 36,429
Signature			Date August 20, 2003

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 332780589 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: **August 20, 2003**Signature:  (Anthony Soljanich)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 375.00)

Complete if Known

Application Number	Not Yet Assigned
Filing Date	Concurrently Herewith
First Named Inventor	Bryan JULIEN
Examiner Name	Not Yet Assigned
Art Unit	Not Yet Assigned
Attorney Docket No.	300622009900

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account

Deposit Account Number 03-1952

Deposit Account Name Morrison & Foerster LLP

The Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	750	2001	375
1002	330	2002	165
1003	520	2003	260
1004	750	2004	375
1005	160	2005	80
SUBTOTAL (1)		(\$)	375.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	18	-20** = 0 x 9 = 0.00	0.00
Independent Claims	1	-3** = 0 x 42 = 0.00	0.00
Multiple Dependent			140 = 0.00

Large Entity		Small Entity	
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1202	18	2202	9
1201	84	2201	42
1203	280	2203	140
1204	84	2204	42
1205	18	2205	9
Claims in excess of 20		Claims in excess of 3	
Independent claims in excess of 3		Multiple dependent claim, if not paid	
Multiple dependent claim, if not paid		** Reissue independent claims over original patent	
** Reissue claims in excess of 20 and over original patent		** Reissue independent claims over original patent	
SUBTOTAL (2)		(\$)	0.00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

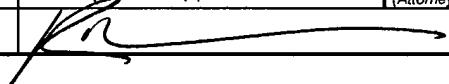
Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900
Other fee (specify)			
SUBTOTAL (2)		(\$)	0.00

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0.00)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Randolph Ted Apple	Registration No. (Attorney/Agent)	36,429	Telephone	(650) 813-5933
Signature				Date	August 20, 2003